

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41225

BIRTH NO. _____		REG. DIST. NO. 186		PRIMARY REG. DIST. NO. 2001		Registrar's No. 550	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2502 Willard Ave				d. STREET ADDRESS (If rural, give location) 2502 Willard Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Macey		b. (Middle) IVON		c. (Last) Jordon		4. DATE OF DEATH (Month) (Day) (Year) December 6, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 28, 1930	
9. AGE (In years last birthday) 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) La Due, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CLARENCE L. West		13b. MOTHER'S MAIDEN NAME CLARA May LAWRENCE		14. NAME OF HUSBAND OR WIFE Fred Jordon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Jordon 804 N. Porter Joplin, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis INTERVAL BETWEEN ONSET AND DEATH 35 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inflammatory Rheumatism 2 MONTHS DUE TO (c) Epilepsy Several yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Nov. 9, 1950, to Dec. 6, 1950, that I last saw the deceased alive on Dec. 4, 1950, and that death occurred at 1:00 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. M. M. M. D. O. V.				23b. ADDRESS 1702 Joplin St. Joplin, Mo.		23c. DATE SIGNED 12-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9 December 1950		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 12-9-50		REGISTRAR'S SIGNATURE Ed S. James		25. FUNERAL DIRECTOR'S SIGNATURE Hurlbut & Glover Mort.		ADDRESS Joplin, Mo.	

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

1702 Joplin St.

495

DEC 1919

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4593

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.